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DECLARATION FOR UTILITY OR

PTO/SB/01 (10-01)
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Attorney Docket Number

DES	IGN	First Named Invento	r James IVI. INtallii	JI		
PATENT APPLICATION (37 CFR 1.63)		COMPLETE IF KNOWN				
		Application Number	10/620,404			
Declaration	У Declaration	Filing Date	07/16/2003			
Submitted OR with Initial	Submitted after Initial Filing (surcharge	Group Art Unit				
Filing	(37 CFR 1.16 (e)) required)	Examiner Name				
As a below named inventor,	I hereby declare that:		**************************************			
My residence, mailing address	, and citizenship are as stated be	elow next to my name.				
I believe I am the original and fentitled:	irst inventor of the subject matte	r which is claimed and for	which a patent is sought on t	the invention		
AND	FOR TREATING AND PR	EVENTING TIPE 21	JIABETES			
	(Title of the In	vention)				
is attached hereto OR was filed on (MM/DD/YY)	07/16/2003	as United States A	pplication Number or PCT In	ternational		
Application Number 10/620,	404 and was amen	ded on (MM/DD/YYYY)		(if applicable).		

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO			
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:							

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION — Utility or Design Patent Application **Customer Number** 26734 Direct all correspondence to: OR Correspondence address below or Bar Code Label Bennett J. Berson Address Quarles & Brady LLP P O Box 2113 **Address** 53701-2113 Madison W١ City State US 608/251-5000 608/251-9166 C untry Telephone I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. A petition has been filed for this unsigned inventor NAME OF SOLE OR FIRST INVENTOR: Given Name Family Name Ntambi James M. (first and middle [if any]) or Surname Inventó: 's Signature US WI Madison Residence: City State 4730 Waukesha Street **Mailing Address Mailing Address** City Madison 53705 WI US Country State A petition has been filed for this unsigned inventor NAME OF SECOND INVENTOR: Given Name Alan D. Family Name Attie (first and middle [if any]) or Surname Inventor's Signature 10) Madison US Residence: 'City Country Citizenship 1906 Vilas Avenue **Mailing Address Mailing Address**

State WI

ZIP 53711

supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

City Madison

Additional inventors are being named on the _

US

Country

Please type a	plus	sign	(+)	inside th	is bo	x —	l +

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1_ of 1_

Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor								
10.7	Given Name (first and middle [if any])			Family Na	me or s	Surname		
Makoto		l l	Miya	azaki				
Inventor's Mosta Mysfix						Date 10/24/2003		
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Mailing Address	Mailing Address							
_{City} Madison	Sta	_{te} WI		ZIP 53719 Country US		ry US		
Name of Additional Joint Inventor, if a	ny:			A petition has been file				
Given Name (first and middle [if any	/])		Family Name or Surname			Surname		
Inventor's Signature Date								
Residence: City	Sta	ite	1	Country		Citizenship		
Malling Address								
Mailing Address	T							
City	St	ate	o Carababbas an	ZIP	Col	untry		
Name of Additional Joint Inventor, if any:								
Given Name (first and middle [if any]) Family Name or Surna				or Surname				
Inventor's Signature						Date		
Residence: City	Stat	te		Country		Citizenship		
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